

## FORM 2

DATE IN TO DEPARTMENT

## I. EPA/STATE Hazardous Waste I.D.#

WAD980976310

## II. Waste Designated By:

RCRA/State \_\_\_\_\_ SQ  
 State Only \_\_\_\_\_  
☒ Non-Regulated/Non-Handler/Protective Filing

## III. Exemption Status:

RCRA Exempt Recycler \_\_\_\_\_  
 State Exempt Recycler \_\_\_\_\_  
 Below QEL \_\_\_\_\_  
 Other \_\_\_\_\_

## IV. Handling

Emergency \_\_\_\_\_  
 Remedial Action \_\_\_\_\_  
 One-Time-Only \_\_\_\_\_  
 Other \_\_\_\_\_

DEPARTMENT USE ONLY

## NOTIFICATION OF DANGEROUS WASTE ACTIVITIES

(send to) Attn: DW Notifications  
 Washington State Department of Ecology  
 M/S PV-11 Olympia, WA. 98504-8711  
 (206) 459-6314/6305/6306

Init.: DEA Date: 12/1/84 Region: NP  
 EPA: \_\_\_\_\_ Date: \_\_\_\_\_ Copy: \_\_\_\_\_  
 Input: ☒ Update: \_\_\_\_\_ Ack.: \_\_\_\_\_  
 DEPARTMENT USE ONLY

1. ☒ A. FIRST NOTIFICATION
☐ B. REVISED NOTIFICATION  
 (enter current I.D.# in upper left)

☐ C. WE REQUEST TO HAVE OUR I.D.# WITHDRAWN (enter current I.D.# assigned to you in section 99 in upper left)

☐ D. REACTIVATE OUR NOTIFICATION (complete all sections)

revisions effective: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## 2.A. WASHINGTON STATE DEPARTMENT OF REVENUE REGISTRATION (TAX) NUMBER

## 2.B. SIC CODE(S)

PRIMARY

SECONDARY

OTHER

178-000-110

4441

## 3. NAME OF COMPANY

PUGET SOUND TUG & BARGE COMPANY  
 TERMINAL 105

## 4. MAILING ADDRESS

STREET, P.O. BOX, OR RURAL ROUTE &amp; BOX NO.

P O BOX 2287

CITY OR TOWN

STATE

ZIP CODE

SEATTLE

WA

98111

## 5. LOCATION OF WASTE ACTIVITIES (Installation)

DESCRIPTION OF PHYSICAL LOCATION (Follow Instructions Carefully)

4260 W MARGINAL WAY  
 S W

## 6. COUNTY WHERE THIS INSTALLATION IS LOCATED

KING

CITY OR TOWN

STATE

ZIP CODE

SEATTLE

WA

98106

## 7. DANGEROUS WASTE ACTIVITIES YOUR BUSINESS IS CONDUCTING

(Read &amp; Follow Instructions Carefully—Enter an "X" in appropriate box(es))

A. ☒ GENERATOR

C303-1

B. ☐ UNDERGROUND INJECTION

C. ☐ WASTE MANAGEMENT FACILITY (TSD)  
 (refer to definitions in instructions)

(1) ☐ TREATMENT(2) ☐ STORAGE(3) ☐ DISPOSAL(4) ☐ WE ACCEPT OFF-SITE WASTES

D. ☐ TRANSPORTER (complete this section only if YOU are transporting waste for hire or your own waste to an off-site facility)

(1) Mode(s) of Transport YOU Operate

(a) ☐ HIGHWAY (b) ☐ AIR (c) ☐ RAIL(d) ☐ WATER (e) ☐ OTHER

## 8. CONTACT PERSON

NAME (last),

(first)

THOMAS

PAUL SR.

TITLE

PHONE NO. (area code &amp; number)

TERMINAL MANAGER

206-583-8100

## 9. A OWNERSHIP

(Legal Owner(s) of this Installation)

PORT OF SEATTLE

## 10. TYPE OF OWNERSHIP

(enter letter code in box)

M

B. SAME

42487

# 11. WASTE IDENTIFICATION

A. NUMBER	B. Description of Waste(s)	C. Dangerous Waste Number (refer to WAC 173-303)	D. Estimated or Actual Annual Waste Quantity	E. WEIGHT CODE
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

12. ESTIMATED MAXIMUM QUANTITY of all wastes listed above to be produced in any given month (consecutive 30 days) or per processing batch.

A. <input type="checkbox"/> Batch Frequency _____	QUANTITY <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	WEIGHT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	B. <input type="checkbox"/> PER MONTH	QUANTITY <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	WEIGHT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	CODE <input type="text"/>			CODE <input type="text"/>	

13. COMMENTS (Enter Information by Section & Line Number—See Instructions)

APPLICATION FOR POSSIBLE EMERGENCY ACCIDENTAL SPILLS ONLY.  
WASTE TO BE IDENTIFIED AT TIME OF SPILL.

## 14. FORMS AND INFORMATION REQUEST

(Check the box(es) of those items desired and indicate how many)

- A. 5 ☒ NOTIFICATION FORM  
 B. \_\_\_\_\_ ☐ PART A PERMIT FORM FOR TSD FACILITIES  
 C. \_\_\_\_\_ ☐ BIOLOGICAL TEST PROCED.  
 D. 1 ☒ GENERATOR ANNUAL REPORT FORM  
 E. \_\_\_\_\_ ☐ CHEMICAL TEST PROCED.  
 F. \_\_\_\_\_ ☐ TSD FACILITY ANNUAL REPORT/UNMANIFESTED WASTE REPORT  
 G. \_\_\_\_\_ ☐ DANGEROUS WASTE LEGISLATION (RCW 70.105) AND REGULATIONS (WAC 173-303)  
 H. 1 ☒ DANGEROUS WASTE FEES LEGISLATION (RCW 70.105A) & REGULATION (WAC 173-305)  
 I. \_\_\_\_\_ ☐ OTHER (specify) \_\_\_\_\_

## 15. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE: <i>Leila Meehan</i>	OFFICIAL TITLE (Print)	DATE SIGNED:
PRINTED NAME: LEILA MEEHAN	CONTRACT ADMINISTRATOR	"/26/84